

# EXHIBIT 19

PLEASE TYPEWRITE OR PRINT (BLACK INK) DO NOT ERASE, STRIKE OUT, OR CROSS OVER.

**Massachusetts Registry of Motor Vehicles**  
**RMV-1 Application Form (617) 351-4500**  
 http://www.massrmv.com  
 2. Reg Exp. Date

3. Number of Documents ☐ RO (Registration Only) ☐ RX (Registration Transfer)  
☐ ST (Salvage Title) ☐ RT (Registration & Title) ☐ TAR (Title Add Registration)  
☐ TO (Title Only) ☐ SW (Summer/Winter Swap) 4. ☐ Address Change

**Registration/Vehicle Information**

5. Plate Type \_\_\_\_\_ 6. Registration Number \_\_\_\_\_ 7. Previous Title # \_\_\_\_\_ 8. State \_\_\_\_\_

Type of Registration: ☐ Passenger ☐ Bus ☐ Taxi ☐ Livery ☐ Commercial  
 Trailer ☐ Auto Home ☐ Semi-Trailer ☒ Motorcycle ☐ Other \_\_\_\_\_

10. Vehicle Identification Number: **1 H D 1 1 B J Y 1 1 8 3 Y 0 1 5 1 2 2 1 8 6**

Year 2003 12. Make HD 13. Model Name FLSTC 14. Model # T 15. Body Style MC 16. Circle Color (s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple 17. # of Cylinders/Passengers/Doors 2 2 0/

Transmission Automatic ☒ Manual ☐ 19. Total Gross Weight (Laden) \_\_\_\_\_ 20. Motor Power ☒ Gasoline ☐ Diesel ☐ Electric ☐ Other \_\_\_\_\_

21. Bus: ☐ Regular ☐ DPU ☐ Livery ☐ Taxi ☐ School Pupil  
 If carrying passengers for hire, max no of passengers that can be seated: \_\_\_\_\_  
 If school bus, is it used exclusively for city, town, or school district? ☐ Yes ☒ No

**Owner Information**

22. Owner 1 License #/State S86889561 MA 23. Owner 2 License #/State \_\_\_\_\_

Owner 1 Name (Last, First, Middle) COLLERAN, DEBORAH A. 26. Owner 1 Date of Birth 2/17/1961  
 Owner 2 Name (Last, First, Middle) \_\_\_\_\_ 28. Owner 2 Date of Birth \_\_\_\_\_

30. City/Town Where Vehicle is Principally Garaged: \_\_\_\_\_

Mailing Address City State Zip Code  
 25 THURLOWAVE REVERE MA 02151  
 Residential Address City State Zip Code

For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee  
 \_\_\_\_\_

For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee  
 \_\_\_\_\_

**Signatures**

I/WE THE APPLICANTS HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

Signature of Owner From Block 25 or 29. Also Print Name If Different  
 Deborah A. Colleran  
 Signature of 2nd Owner From Block 27. Also Print Name If Different \_\_\_\_\_

Authorized Dealer's Signature \_\_\_\_\_ 38. Dealer Reg No. 1  
 Dealer's Name (Please Print) CYCLE CRAFT COMPANY INC.  
 Dealer's Address 1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149

**Insurance Certification**

THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREIN BEFORE NAMED WITH RESPECT TO THE MOTOR VEHICLE DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175L.

A. Policy Effective Date: \_\_\_\_\_  
 Policy Change Date: \_\_\_\_\_  
 B. Manual Class: 41C - Ins. Company & Code: \_\_\_\_\_

Insurance Co's Authorized Representative's Signature \_\_\_\_\_

**Vehicle Data**

42. Date of Purchase 8/05/2003 43. Odometer Reading 10  
☒ New Vehicle ☐ Used Vehicle If new vehicle, certificate of origin must be submitted  
 Title Type: ☐ Clear ☐ Salvage ☐ Reconstruct ☐ Owner Retained ☐ Theft ☐ Prior Owner Retained  
 Primary Salvage Title Brands: \_\_\_\_\_ 47. Secondary Salvage Brand \_\_\_\_\_  
☒ Repairable ☐ Parts Only

**Lienholder Information**

certify that all liens on this vehicle are listed below  
 1st Lienholder Code 51. Name \_\_\_\_\_  
 2nd Lienholder Code 54. Name \_\_\_\_\_  
 55. Lien Address \_\_\_\_\_

48. Date of 1st Lien 1/1 49. Date of 2nd Lien \_\_\_\_\_

**Sales or Use Tax Schedule**

**Fee Information**

H-D 0485  
 Confidential